



PATIENT PRESENTING CLINICAL SIGNS

Juno Ingo Sweets

History: Three-day duration of lethargy, apparent discomfort and restlessness. Vomiting and hematochezia past 24 hours. Treated with various antibiotics for necrotic facial lump. On Tramadol, NSAID, hypothyroid medication, and anti-pruritic medication.

SPECIES

Canine

Physical Examination: Newly heart murmur – grade II/VI systolic.

BREED

Golden retriever Mix

Urinalysis: N/A.

CBC: Non-regenerative anemia.

Serum Biochemistry: Elevated urea.

SEX

Radiographic Findings: N/A.

MN

AGE

11 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and appearance of the wall. Small amount of dependent hyperechogenic sediment. No uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 6.5 cm, right 7.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule, blood flow, and pelvis.

Adrenal Glands

Normal shape, size, echogenic appearance, and position. Left 3 x 0.57/0.46 cm, right 2.34 x 0.54/0.51 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

Gastrointestinal

Segmental thickening of the gastric wall (up to 0.93 cm) but with no loss of layering. Thickening of the duodenum (0.54 cm), jejunum small (0.57 cm) intestine, and colon (0.43 cm) with a prominent hypoechogenic appearance of the sub-mucosal layer but with no loss of layering or distension of the lumen. Normal appearance of ileo-cecal junction.

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

IMAGING PERFORMED BY

Dr Alastair Westcott,
DVM

HOSPITAL NAME

REFERRING VET

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INVOICE

302544

DATE

9/2/21



PATIENT *Pancreas*

Juno Ingo Sweets Normal size (left 1.1 cm, right 1.5 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED *Thorax*

Golden retriever Mix Normal appearance of the heart.
No pericardial or pleural effusion.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

11 years

Primary Findings:

- Gastro-enteropathy.

WEIGHT

32.2 kg

Secondary Findings:

- Urinary bladder sediment.
- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastro-enteropathy would be drug reaction/interaction, non-specific gastro-enteritis (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion), ulcerative gastritis, *Helicobacter* gastritis, inflammatory bowel disease, and dietary hypersensitivity.

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The urinary bladder sediment is most likely an incidental finding.

HOSPITAL NAME

Further assessment would be urine and fecal analysis, serum cobalamin assay, echocardiography, and possibly endoscopy with biopsies of both the upper and lower GI tract, especially if there is not a satisfactory improvement with symptomatic therapy.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be hypoallergenic/novel protein diet, anti-emetics (maropitant, metoclopramide), course of metronidazole and/or fenbendazole, cobalamin supplementation, and possibly prednisolone.

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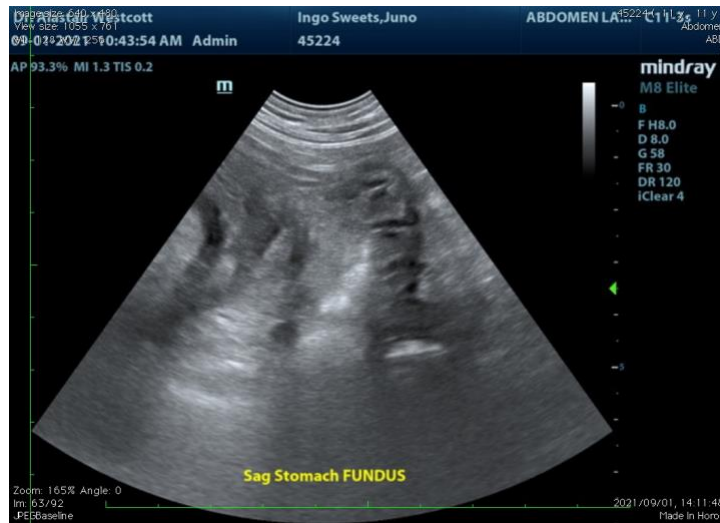
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IMAGES

Stomach



Duodenum





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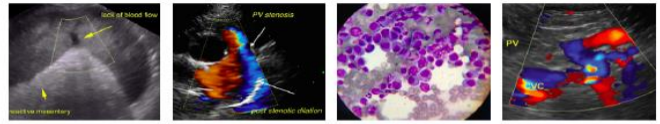


Colon



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.



PATIENT

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